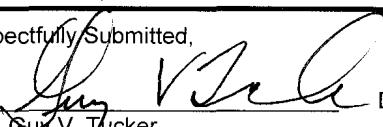


IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: Patton et al Application No: 10/693,318 Confirmation No: 8226 Filed: October 24, 2003 Title: METHOD AND DEVICE FOR DELIVERING AEROSOLIZED MEDICAMENTS	Group Art Unit: 3771 Examiner: Kristen Clarette Matter Attorney Docket No: .0001.13		
Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	Extension of Time <input type="checkbox"/> Applicant petitions for an extension of time under 37 C.F.R. 1.136		
Papers Enclosed <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> Drawings <input type="checkbox"/> Supplemental Information Disclosure Statement <input type="checkbox"/> PTO-1449 Form <input type="checkbox"/> Citations <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Postcard for Return	Extension (Months)	Extension Fee	
		Large Entity	Small Entity
	<input type="checkbox"/> One Month	\$120.00	\$60.00
	<input type="checkbox"/> Two Months	\$460.00	\$230.00
	<input type="checkbox"/> Three Months	\$1,050.00	\$525.00
Total \$ 0.00			
<input checked="" type="checkbox"/> Applicant believes that no extension of term is required. However, this conditional petition is being made in case applicant has inadvertently overlooked the need for a petition for extension of time.			

Fees for Extra Claims						
	Claims remaining after amendment	Highest number previously paid for	Number Extra	Rate		Additional Fee
				Large Entity	Small Entity	
Total Claims	38	24	14	\$50.00	\$25.00	\$0.00
Independent Claims	3	3	1	\$210.00	\$105.00	\$0.00
Multiple Dependent Claims	0	0	0	\$370.00	\$185.00	\$0.00
Supplemental Information Disclosure Statement						
						Total \$0.00
Fee Payment				Fee Deficiency		
Fee for added claims	\$0.00			<input checked="" type="checkbox"/> If any additional extension and/or fee is required, please charge Deposit Account No. <u>10-0258</u> . and/or <input checked="" type="checkbox"/> If any additional fee for claims is required, please charge Deposit Account No. <u>10-0258</u> .		
Fee for Extension of Time	\$0.00					
Total	\$0.00					
<input type="checkbox"/> Attached is check no. _____ in the sum of \$_____. <input type="checkbox"/> Please charge Deposit Account No. 10-0258 in the sum of \$_____.				Please direct telephone calls to: Guy V. Tucker at (415) 538-1555 Please continue to send correspondence to: Guy V. Tucker Janah & Associates, P.C. 650 Delancey Street, #106 San Francisco, CA 94107		
CERTIFICATE OF TRANSMISSION (37 C.F.R. § 1.8a): I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, facsimile transmitted to the U.S. Patent and Trademark Office at (571)273-8300, or electronically filed, on the date shown below.				Respectfully Submitted,  By: <u>Guy V. Tucker</u> Date: <u>March 14, 2008</u> Guy V. Tucker Registration No. 45,302		
By: <u>Leslie Mills</u> Date: <u>March 14, 2008</u> Leslie Mills						